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CONFIRMATION NO. 2684

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/822,268 | FILING OR 371(c) DATE 04/12/2004 RULE | CLASS 604 | GROUP ART UNIT 3767 | ATTORNEY DOCKET NO. ROWAN005 | |
| APPLICANTS Lisa M. Fitzgerald, Sarasota, FL; ** CONTINUING DATA ***** NONE ** FOREIGN APPLICATIONS ***** NONE AG 2/6/07 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/22/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY FL | SHEETS DRAWING 7 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 3 |
| ADDRESS Richard L. Moseley P.O. Box 630708 Houston, TX 77263 | | | | | |
| TITLE Spring loaded automatic retractable needle syringe | | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |